



King County

**Mental Health, Chemical Abuse
and Dependency Services Division**

Department of
Community and Human Services
CNK-HS-0400

401 Fifth Avenue, Suite 400
Seattle, WA 98104

206 263-9000

206-296-0583 Fax
206-205-1634 Fax – Clinical Services
206-205-0569 TTY/TDD
<http://metrokc.gov/dchs/mhd>

November 1, 2011

Dear Applicant:

The King County Mental Health Advisory Board is seeking residents of King County, and persons served by the public mental health program, who are interested in serving on the Board. The Board is a 17-member citizen's advisory board which focuses on access to and quality of mental health services in King County. The Board reviews and provides comments on plans and policies, reviews and approves recommendations from subcommittees, and promotes issues of importance in prevention, treatment, and recovery.

The primary criteria for membership is an interest in improving the lives of people with mental illness served by the publicly funded community mental health system. These positions unpaid, volunteer positions. Interested individuals must attend three Board meetings before submitting a written application. Prospective candidates should be able to devote approximately 10 hours a month to Board activities. Applicants must be able to attend monthly meetings of the full Board which are held on the second Tuesday of each month from 4:30 to 6:30 p.m. at The Chinook Building, 401 5th Avenue, Seattle. Currently, the Board is seeking representation from ethnic minorities and consumers. People who consider themselves consumers of mental health services, or their family members, must make up at least 51% of the Board. Length of term is three years, renewable once.

For additional information about the King County Mental Health, Chemical Abuse and Dependency Services Division and the King County Mental Health Advisory Board, please see our web site at www.kingcounty.gov/healthservices/MentalHealth/Board.aspx or contact Bryan Baird at 206-263-8663, TTY Relay:206-205-0569, or by email at bryan.baird@kingcounty.gov.

Sincerely,

Amnon Shoenfeld
Division Manager

King County Mental Health Advisory Board Application for Appointment

Please note that applicants must meet all of the following requirements:

- ▶ Applicants must live in King County.
- ▶ Applicants must be interested in improving the lives of people with mental illness served by the publicly funded community mental health system.
- ▶ Applicants must be able to attend monthly meetings of the full Board which are held on the second Tuesday of each month from 4:30 to 6:30 p.m. at The Chinook Building, 401 5th Avenue, Seattle. In addition, applicants must be able to serve on at least one of the five committees of the Mental Health Advisory Board. Committee meeting days and times vary but all committees meet once monthly for approximately one and one half-hours. Members must allow adequate time to review materials in advance of meetings to be prepared to participate in discussions.
- ▶ Applicants must be able to devote a minimum of 10 hours a month to Board activities.
- ▶ Applicants must attend three Board meetings before submitting a written application.
- ▶ Applicant must submit a cover letter, completed application form, resume, and references for review by the Advisory Board Nomination Committee, upon compliance of pre-requisite three Board meeting attendance.

The law requires that the Board be made up of at least 51% consumer of mental services or their family members. Consumers are persons served by the public mental health program and/or their families.

Applicants who are recommended for appointment to the Board will be required to complete a financial disclosure form. For additional information about the King County Mental Health, Chemical Abuse and Dependency Services Division and the King County Mental Health Advisory Board, please see our web site at www.kingcounty.gov/healthservices/MentalHealth/Board.aspx or contact Bryan Baird at 206-263-8663, TTY Relay Service: 206-205-0569, or by e-mail at bryan.baird@kingcounty.gov.



King County Boards & Commissions Application Form

(A résumé may be submitted in lieu of submitting a completed application form)

Board/Commission for which you are applying:

Name – Please Print:

<input type="text"/>		
First	Middle Initial	Last

Preferred Phone Contact Number:

Preferred Phone Type (Please circle one):

Home	Work	Cell
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Personal Email Address:

Preferred Mailing Address:

<input type="text"/>		
<input type="text"/>		
City	State	Zip

Physical Home Address (if different):

<input type="text"/>		
<input type="text"/>		
City	State	Zip

Current Employer:

<input type="text"/>		<input type="text"/>
Job Title		Date of Employment
<input type="text"/>		
Company Name		
<input type="text"/>		
Street Address		
City	State	Zip

King County Council District:

Education (High School, College/University:

School Name

Year Graduated/Degree

School Name

Year Graduated/Degree

Computer Program & Skill Level:

Board and commission members are frequently provided with meeting information electronically. Please check each program you are familiar with and your skill level with each program. (*This information is for staff use only and is not a factor in the appointment process.*)

Program:

Skill Level:

Microsoft Word ☐ Never used ☐ Beginner ☐ Intermediate ☐ Advanced

Excel ☐ Never used ☐ Beginner ☐ Intermediate ☐ Advanced

PowerPoint ☐ Never used ☐ Beginner ☐ Intermediate ☐ Advanced

Adobe (PDFs, Adobe Reader:

☐ Never used ☐ Beginner ☐ Intermediate ☐ Advanced

SharePoint ☐ Never used ☐ Beginner ☐ Intermediate ☐ Advanced

Professional licenses held (If applicable to specific board/commission):

Memberships on any city and/or county boards, commissions or committees and dates of terms:

How did you learn of this opportunity?

Please explain why you feel you are the most qualified candidate for this appointment:

PERSONAL INFORMATION (OPTIONAL):

The King County Executive is committed to inclusiveness and outreach to all King County residents in an effort to create diverse representation on King County boards and commissions. Providing information in this section below is voluntary but will assist in achieving this goal.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Hispanic or Latino | |

Gender: ☐ Male ☐ Female

Disabled: ☐ Yes ☐ No

Signature

Date

Please return completed form to:

Bryan Baird, Board Liaison
King County Mental Health, Chemical Abuse and Dependency
Services Division
401 Fifth Avenue, Suite 400
Mailstop: CNK-HS-0400
Seattle, WA 98104

Direct Line: 206-263-8663

This material is available in alternate formats for persons with disabilities.

Please contact 206-263-9651, TTY Relay: 711, or

E-mail Rick.Ybarra@kingcounty.gov